UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

In re:	)	
	)	Chapter 11
CH LIQUIDATION ASSOCIATION,	)	
an Ohio nonprofit corporation,	)	Case No. 16-51552
	)	
Debtor.	)	Judge Koschik
	)	
(Federal Tax I.D. No. 31-4387577)	)	
	)	

Class 5 Ballot for Accepting or Rejecting Joint [1]Plan of Liquidation

The above-captioned debtor and debtor in possession (the "Debtor") and the Official Committee of Unsecured Creditors [2]filed the First Amended Joint [3]Chapter 11 Plan of Liquidation for Coshocton County Memorial Hospital Association n/k/a CH Liquidation Association ~~dated April 24,~~[4]of the Debtor and the Official Committee of Unsecured Creditors dated May 22,[5] 2017 (the "Joint [6]Plan"). The Court has approved ~~a~~[7]the Debtor's[8] disclosure statement with respect to the Joint [9]Plan (the "Disclosure Statement"). The Disclosure Statement provides information to assist you in deciding how to vote your ballot. If you do not have a copy of the Disclosure Statement, you may obtain a copy from the Debtor's counsel, McDonald Hopkins LLC, c/o Maria G. Carr, 600 Superior Avenue, Suite 2100, Cleveland, Ohio 44114 E-mail: mcarr@mcdonaldhopkins.com or online at http://cases.gardencitygroup.com/ccmh/. Court approval of the Disclosure Statement does not indicate approval of the Joint [10]Plan by the Court.

You should review the Disclosure Statement and the Joint [11]Plan before you vote. You may wish to seek legal advice concerning the Joint[12] Plan and your classification and treatment under the Joint[13] Plan. Your claim has been placed in Class 5 (Genesis Claims) under the Joint [14]Plan.

If your ballot is not received by Garden City Group at one of the addresses below on or before July __, 2017, and such deadline is not extended, your vote will not count as either an acceptance or rejection of the Joint[15] Plan. If the Joint [16]Plan is confirmed by the Bankruptcy Court, it will be binding on you whether or not you vote.

Acceptance or Rejection of the Joint [17]Plan

The undersigned, the holder of a Class 5 claim against the Debtor in the unpaid amount of ____________ Dollars ($____) votes as follows:

Check one box only

☐ **Accepts the ~~plan~~[18]Joint Plan[19]**

☐ **Rejects the ~~plan~~[20]Joint Plan[21]**

{6649382:2}

Dated: ___________________________

Print or type name: _______________________________

Signature: ___________________________________ Title (if corporation or partnership) ______

Address: ____

____

____

Return this ballot to:

By Mail:

Coshocton County Memorial Hospital Association
c/o GCG
P.O. Box 10279
Dublin, OH 43017

By overnight courier or hand delivery:

Coshocton County Memorial Hospital Association
c/o GCG
5151 Blazer Parkway, Suite A
Dublin, OH 43017